

U. S. Department of Health and Human Services
National Institutes of Health

NIH Loan Repayment Programs

**Applicant Information:
Recommendation**

Information provided on this form will be used by NIH officials considering applications to the NIH Loan Repayment Programs.

Applicant's Instructions:

Please complete Section A. Give this form to three individuals who can assess your academic, clinical, research, and other relevant skills and abilities.

Recommender's Instructions:

Please complete Section B and return it to the National Institutes of Health Loan Repayment Programs, 2 Center Drive, MSC 0230, Bethesda, MD 20892-0230. If you have any questions, please call 1-800-528-7689.

Section A—The applicant completes this section.

1. Applicant's Name (*Last, first, middle*) Please print.

2. Position Title

☐ NIH Clinical Associate

☐ Research Associate

☐ Staff Fellow

☐ Medical Officer

☐ Nurse

☐ Other: _____

3. Brief Description of Position

Applicant's Certification

I certify that I am requesting a recommendation from an individual of my choosing which will be included in my NIH Loan Repayment Program (LRP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by NIH officials to determine my eligibility for participation in an LRP. I understand that the recommendation I am requesting shall be held in confidence and protected from disclosure by officials of the NIH Loan Repayment Programs according to Privacy Act System of Records #09-25-0165 (see *Assurance of Confidentiality and Privacy Act Notice* in this application package).

I understand that I will not have access to this recommendation, based on the promise of confidentiality provided to my recommender in Section B of this form and in accordance with Section 552a(k)(5) of the Privacy Act of 1974.

Signature: _____

Date: _____

Section B—The recommender completes this section.

→ **Please note** that the information provided in this section **shall be held in confidence and protected from disclosure** by officials of the NIH Loan Repayment Program according to Privacy Act System

of Records #09-25-0165 only if the applicant's signature appears above (See Assurance of Confidentiality and Privacy Act Notice in this application package.)

1. Name of Recommender (*Last, first, middle*)

2. How long have you known the applicant?

3. Recommender's Position and Institution (*University, Medical School, or Hospital*)

4. Mailing Address and Phone Number (*including area code*)

5. What is your estimation of the applicant's potential for research and academic medicine?

☐ Best (Top 1%)

☐ Top 10%

☐ Average

☐ Top 5%

☐ Top 33 $\frac{1}{3}$ %

☐ Below Average

Comments: _____

6. How apt a scholar is the applicant? Consider class standing, grades, scholastic honors, special training, or any other factors known to you which you deem pertinent to the applicant's potential success in basic and/or clinical research.

☐ Best (Top 1%)

☐ Top 10%

☐ Average

☐ Top 5%

☐ Top 33 $\frac{1}{3}$ %

☐ Below Average

Comments: _____

(continued on reverse)

NIH Loan Repayment Programs
Applicant Information:
Recommendation *(continued)*

7. Please rate the applicant with respect to the qualities set forth in the table below.

Quality	No Basis for Judgment	Among the Top 1%	Among the Top 5%	Among the Top 10%	Among the Top 33 1/3%	Average	Below Average
Clinical capabilities							
Initiative							
Sustained hard work							
Rapport with patients							
Rapport with preceptors							
Rapport with co-workers							

8. What are the main strengths and assets which the applicant will bring to the position for which he/she is applying?

9. What are the weaknesses which might limit the applicant's effectiveness in the position for which he/she is applying?

10. What is your overall recommendation for the applicant? *(Check one.)*

☐ High ☐ Above Average ☐ Average ☐ Low ☐ Do not recommend

Additional comments

11. Signature

Date